

Division of Health Care Facilities

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1903 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/13/2012 |
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| NAME OF PROVIDER OR SUPPLIER BETHANY HEALTH CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 421 OCALA DRIVE NASHVILLE, TN 37211 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------------|--|---------------------|--|--------------------------|

N 421 1200-8-6-.04(12) Administration

N 421

(12) Whenever the rules of this chapter require that a licensee develop a written policy, plan, procedure, technique, or system concerning a subject, the licensee shall develop the required policy, maintain it and adhere to its provision. A nursing home which violates a required policy also violates the rule establishing the requirement.

This Rule is not met as evidenced by:
Based on review of facility policy and procedures and interview, the facility failed to follow the State's requirement for admission to a nursing facility (NF).

1200-13-01-.06(3)(a) Each NF participating in the TennCare must develop and consistently implement policies and procedures regarding its admissions, including the development and maintenance of a single Wait List of persons requesting admission to those facilities.

1200-13-01-.06(3)(d) Each NF participating in TennCare shall admit applicants in the chronological order in which the referral or request for admission was received by the facility, except as permitted in Subparagraph (e) of this Rule.

The findings included:

The facility failed to follow its Policy Statement declaring the facility policies are in compliance with the Linton Permanent Rules and Interpretive Guidelines and Admissions to the Facility, Policy

Revised facility policy and procedure for Admissions to the Facility. The policy includes the procedure for adding hospitalized patients requesting admission to the Waiting List. (Attached)

Inservice regarding policy revision provided to the Admissions Director and Social Services Staff. (Attached)

The Assistant to the Director of Social Services will maintain the single waiting list. The Assistant to the Director of Social Services will compile a monthly report of the additions, deviations and current names appearing on the facility Waiting List beginning during the fourth week of September 2012.

The monthly report will be provided to the Director of Social Services and Administrator on a monthly basis in order to determine compliance with the facility Admissions policy.

10/22/12

Division of Health Care Facilities

RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

ADMINISTRATOR

(X6) DATE

9-28-2012

Division of Health Care Facilities

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| N 421 | Continued From page 1 #86 1(a) The objective of our admissions policies are to: Provide uniform guidelines for admitting residents to the facility. Review of the Wait List on September 12, 2012, revealed there were ninety-three intermediate care names on the list. There were no names for skilled care. Interview with the Social Worker on September 12, 2012, at 4:05 p.m., in the Social Worker's office revealed no skilled admissions were placed on the wait list and the vacant beds were held for skilled care admissions. The Admission Coordinator notifies the Social Worker when to utilize the wait list for intermediate care admissions. Interview with the Admission Coordinator on September 12, 2012, at 4:10 p.m., in the Admission Office, confirmed a potential skilled care resident had priority for admission over a potential intermediate care resident. Further interview revealed currently there were five beds available for skilled admission and no bed available for an intermediate care admission. This was confirmed by the Administrator in the Director of Nursing office on September 12, 2012, at 4:40 p.m. Interview with the Admission Coordinator on September 13, 2012, at 9:35 a.m., confirmed hospital referrals seeking admissions were not added to the wait list. Therefore, there was no documentation for deviating from the wait list. | N 421 | The monthly report will be provided to the QI Committee on a monthly basis by the Social Services Director on a monthly basis beginning with the <u>September 2012 QI Committee.</u> | | |